

Changes over a quarter of a century in the medico-social aspects of venereal disease on Tyneside

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The Tyneside Experimental Scheme for Venereal Disease Control inaugurated in 1943 was designed for three purposes.

(1) The education of interested groups of people such as public health officials, school teachers, and youth club leaders. After a racing start, which the Central Council for Health Education sponsored and by which some twelve lectures and meetings were arranged in the first 6 months, this aspect of the work flagged somewhat.

(2) The routine serological testing of antenatal cases for the detection of latent syphilis and the elimination of congenital syphilis. This simple but superb measure met with such success that no one interested in venereology is unaware of it, though many have forgotten its origin.

(3) The tracing of contacts of known cases of infectious venereal disease together with the recovery of defaulters from clinics. This was well documented by Macfarlane (1948a, b) and Macfarlane and Johns (1964), and a comparison between those efforts of the war and immediate post-war years on the one hand and ours of 1970 on the other has recently been recorded (Wigfield, 1972).

The business of interviewing patients by the Almoner and other members of the social unit and the experience of those who toured the public houses, restaurants, streets, and other unsalubrious haunts in search of their quarry led to an awareness for the first time of the medico-social background of the venereal diseases. This background was documented in articles by the director of the clinic and the first chief almoner (Macfarlane, 1948a, b; Macfarlane and Johns, 1964). This brief paper aims to compare a few of the figures for 1945 with those for 1970 insofar as comparison is possible. The method of survey and manner of statistical recording has changed a little so that a complete analysis and comparison is not possible.

It is first necessary, for an understanding of the changes that have taken place in the sexual behaviour

of patients with venereal disease over this quarter of a century, to paint a brief pen picture of the sexual climate then and now.

Our figures relate to 1945, but it is almost one-third of a century since mankind let slip the hounds of global war for the second time. During the following 6 years of cataclysmic madness, which produced nought but 'corpses, cripples, rags, ruination, and smithereens' and all for a way of life (of one kind or another), it was more than persons and property that suffered. The world's social and sexual mores were dealt savage blows and we have yet to learn how irreparable was the damage.

The cult of sexual freedom had already alarmed clerics, philosophers, and all other men of perspicacity for many years before 1939. A new sexual understanding and enlightenment, which saw the light of day through such writers as Havelock Ellis, was already being dangerously confused with sexual licence, to which man is no stranger. Stokes, father of American syphilology, had already warned that the car and the condom, quaintly referred to as the internal combustion engine and the latex rubber industry, called for immense effort if morality was to keep pace with technical advance.

Whereas scientific knowledge and technology are taken up by succeeding generations where the former generations left off, wisdom and virtue are painfully learned afresh each time a child is born. Stupendous and devilish strides are made in war in technical matters. Advances in public morality, if they occur at all, like Longfellow's mills of God, 'grind exceeding slow'. No wonder then if it seems that our sexual morality stood still.

Throughout history the migration of men across oceans and continents unaccompanied by their women folk has meant either war or love-making in the megaton range (or both). Modern apologist sexologists would aver that sexual gratification (or seminal catharsis) with local women was biologically inevitable, but a cynic might be forgiven for suggesting that soldiery is traditionally licentious

because, though near to guns and rattling drums, it is far from 'mums' and prattling tongues. (Some credibility is given to this notion by the fact that women exert their prerogative of monogamy only when their men folk are available. Our figures show that the wives were up to no good while their husbands were away).

War is a socially operative aphrodisiac especially when there is total civilian involvement. An aura of impending annihilation with a 'here today, gone tomorrow' philosophy is conducive to sexual licence—especially when stimulated by the specious glamour of military uniform of both sexes. In those days we preferred uniform to uni-sex. Perhaps this is some master plan of nature for the preservation of the species.

In retrospect one makes some sort of excuse for sexual excess in war time. At least we may agree that a herd threatened is a herd united. There was a sense of purpose, a sense of belonging, an awareness of being a necessary and integral part of a cohesive whole, a feeling that we knew where we were going and why. Our malevolence was reserved for our opponents. Within the herd there was endeavour, endurance, courage, brotherhood, devotion, and sacrifice. Internationally there was callous indifference and monstrous cruelty—in fact, man's amoral inhumanity to man.

There should be no need to paint the contemporary scene, but for the record and for the sake of comparison we should take note of changed circumstances and altered emphasis.

First, the western world is at physical peace, if that is what absence of war means. The migration of armies in the far east and the V.D. rate there support our thesis already enunciated. By analogy some have blamed immigration from the West Indies, Pakistan, and Ireland for the high incidence of V.D. in the United Kingdom. The rate has been high in these immigrant groups, but shows signs of declining as the women come over to join their men, and it now accounts for a diminishing contribution to the ever increasing rate among the natives. Moreover western countries without immigrants are not exempt from the general rise.

The peace of which we speak is or was an uneasy peace. When asked what would he do on receipt of a 4-minute warning, a youth of tender years said, without hesitation, 'Sleep with Brenda'. A tidal wave of youthful cynicism, in an age that can contemplate genocide and prepare for over-kill, treating evolution itself with contumely, is an inevitable result of such thinking and must perforce swamp many dearly held tenets of the past, including sexual propriety.

Sexual liberation with the sweeping aside of absurd taboos, is the handmaiden of sexual licence. What purported to be a biologically purposeful sexual act in the mature is becoming a sensual pursuit of orgasm for its own sake in the immature. What should be personal, private and beautiful is becoming impersonal, public and sordid.

An increasing number of young people are becoming involved. The rot set in when the war babies reached their mid-teens. This may not surprise us. Their fathers were away, their mothers were in factories, they themselves were, as we used to say, 'evacuated'. Now, as parents themselves, they still enjoy liberation from such domestic chores as making the children's tea. Father used to go to the pub. Now mother goes to Bingo.

Two other features call for comment and they are blindingly obvious. The first is the sexual emancipation of the female sex which results in pre-marital intercourse. This has led to a decline in the contribution which prostitutes make to the V.D. problem. The not-so-promiscuous experimenting regular girl friend is greatly at risk from her self-indulgent regular boy friend. She may feel she is paving the way for a stable marriage, but he may be philandering with some promiscuous and probably diseased 'pick-up'.

The second obvious change is the gargantuan world-wide industry that exploits every conceivable aspect of sex through every instrument of mass influence. We are polluted with sensuous advertising and salacious glossy magazines, with copulation orientated films, perversion-orientated plays, and gonad-exhibiting revues. We are numbed into an insensate acceptance of non-art and sexual obscenity; and an attempt is made to persuade us that a motion picture of masturbating adults offers appropriate sex education for a 10-year-old girl. We are becoming indifferent to, or even ignorant of, the subtleties and beauty of nature's greatest miracle. The more charitable toleration and understanding of sexual aberrations is taken as a signal for their unbridled practice, almost in public. The word perversion has a connotation implying an ever decreasing range of the hitherto unacceptable. Neighbours' wives are no longer coveted, they are ravaged with impunity in adulterous quartets. Such is life, for some today. In the space age sexual morality, far from standing still, has its retro-rockets full on.

I turn now to those available figures which show trends and which may make us revise opinions tenuously held.

Table I shows that 1970 produced thirteen cases of early infectious syphilis as opposed to 324 in 1945. This is one of the most gratifying figures we

TABLE I *Syphilis and gonorrhoea at Newcastle, 1945 and 1970*

Year	1945			1970		
	Male	Female	Total	Male	Female	Total
Registrations	2,547	1,577	4,124	2,517	1,260	3,777
Syphilis						
Primary	125	30	155	6	2	8
Secondary	71	98	169	4	1	5
Total early infection	196	128	324	10	3	13
Early latent and late infections	119	138	257	22	16	38
Gonorrhoea	656	323	979	501	307	808

can offer. The total number of cases of infectious V.D. is also less today. The gonorrhoea figures, both male and female, are 20 per cent. lower now than in 1945. For the country as a whole, however, the figures now exceed even those for 1946, which year has been purposely avoided, as being a freak year with a disproportionate increase in male cases. From these figures one might suppose there to be no more sexual promiscuity, or even less, today than 25 years ago; or perhaps the successful contact tracing of our social unit keeps the figures lower than elsewhere. Still less do the total registrations point to more promiscuity or to more liberal use of clinics, for these are also down on 1945 and it is apparent that much of today's anxiety stems from a comparison with the nadir of the mid-fifties.

A good sign is a fall from 41 to 32 per cent. in the proportion of female patients with venereal disease who are married and still attached, the married attached males remaining almost unchanged (Table II). The exigencies of war with numerous shot-gun weddings and lonely separation were no doubt to be blamed for the higher war-time rate. As 25 per cent. of female gonorrhoea cases in 1970 were innocently infected wives, this only leaves 7 per cent. (from 32 to 25) of them to be guilty (if that is a fair word to use). This 9 per cent. change for the better (from 41 to 32), indicating perhaps a more virtuous acceptance of the married state by women-folk, is further illustrated by the difference in the marital status of female source contacts, 74 per cent. of whom in 1945 were married

(but were not nominated as such by their husbands who had not yet returned home) contrasted with 20 per cent. in 1970. On the other hand we may infer from these figures that woman, traditionally monogamous, is only thus inclined if her man is near and available. If he is not, she seeks another. There is less apparent change in the percentage of V.D. patients who are separated from their spouses, but perhaps the 11 per cent. of married but separated female patients with gonorrhoea indicates that women's sex lives continue rather more today than formerly, when their consorts are permanently out of the way, for whatever reason. And more than this, such married but separated females are more frequently nominated as source contacts—the figures having risen from 10 to 23 per cent.

Table III shows a modest increase in the percentage of primary source contacts who are found to have infectious venereal disease, from 70 to 86.5 per cent. The increase in the percentage with gonorrhoea—from 45 to 86 per cent.—is deceptive, for it is

TABLE III *Frequency of infectious V.D. among source contacts, 1945 and 1970 (percentages)*

Year	1945	1970
Syphilis	20	0.5
Gonorrhoea	45	86.0
Syphilis and gonorrhoea	5	—
Infectious V.D. in source contacts	70	86.5

TABLE II *Marital status of patients with infectious V.D. (per cent.)*

Year	1945		1970	
	Male	Female	Male	Female
Percentage of V.D. patients who were married	32	41.2	30	32
Married but separated	3	6	4	11
Female source contacts married (Based on 1,000 examined over a period embracing 1945)		74		20
Female source contacts married but separated		10		23

occasioned merely by the virtual elimination of syphilis.

There were more 'unknown' source contacts in 1945 as the percentage of male gonorrhoea acquired from prostitutes shows (Table IV); this was 40 per cent. in 1945, 27 per cent. in 1960, and 17 per cent. in 1970. Some 20 per cent. of our female patients are judged to be thoroughly promiscuous today; the figure of 26 per cent. in 1945 is a very rough approximation.

TABLE IV *Gonorrhoea infections acquired from prostitutes (percentages)*

Year	1945	1960	1970
Male gonorrhoea cases acquired from prostitutes	40	27	17
Promiscuous female approx.	26	—	20

Teenagers

Of much concern to everyone is the contribution made by teenagers to the gonorrhoea figures and to the total registrations (Table V). This is a phenomenon appertaining mostly to the female sex and is proof, if proof were needed, that the sexual revolution consists of the emancipation of females, the liberation of sex from the bonds of marriage, and the earlier pre-occupation with the subject. Newcastle competes with the U.S.A. and Scandinavia in this respect. The female teenage contribution to gonorrhoea has risen from 11 to 30 per cent. (1971–34 per cent.), but has yet to equal the figure for New Zealand, which is over 50 per cent. (Platts, personal communication). The males, who lag behind at around 10 per cent, make up for lost time when they are turned

20 years of age. If the total involvement with V.D. would stay stationary or regress, we should welcome a 100 per cent. teenage contribution, for this would signify that sexual responsibility came with maturity. In this respect we can, meanwhile, take comfort from the smaller contribution of married people as we have already seen.

Homosexuals

One may wonder whether the Homosexual Law Reform of 1967 increased the amount of male homosexual activity or merely enabled homosexuals to seek medical help more readily. We have no figures before 1964. Table VI shows that, while registrations rose by 2.9 per cent. in 1967 over the average for the previous 3 years, and by 23.5 per cent. on average in the following 3 years, the number of professed male homosexuals attending the clinic increased by 83.7 per cent. and 132 per cent. respectively. The Table also shows this increase as a percentage of total registrations (from 1.8 to 3.5 per cent.). While male cases of gonorrhoea increased by 11.4 per cent. in 1967 over the previous 3 years and subsequently by 55.9 per cent., the homosexual gonorrhoea figures rose by 118.75 per cent. and 166.9 per cent. respectively, the sharp rise in homosexual gonorrhoea commencing in 1967. The ratio of homosexual gonorrhoea cases to homosexual non-venereal cases increased by 39 per cent. in 1967, *i.e.* from 0.9 : 1 to 1.25 : 1. It is impossible to say if there is more homosexual activity than before the law was altered, but the impression is that this permissive act of parliament, ostensibly an expression of tolerance, has been taken as an expression of approbation by many and of positive encouragement by a few.

TABLE V *Proportion of teenage cases, 1945 and 1970 (per cent.)*

Year	1945		1970	
Sex	Male	Female	Male	Female
Contribution of teenagers to total registrations	5	19	13	40
Contribution of teenagers to total gonorrhoea	8	11	11	30
				(34 in 1971)

TABLE VI *Proportion of male homosexuals, 1964 to 1970 (per cent.)*

Year	Average 1964–66	Total 1967	Per cent. increase over 64–66	Average 1968–70	Per cent. increase over 64–66
No. of Registrations	1,875	1,929	2.9	2,317	23.5
Homosexuals No.	34.3	63	83.7	79.6	132
Percentage	1.8	3.3		3.5	
Male gonorrhoea	296.3	330	11.4	459.7	55.9
Homosexual gonorrhoea No.	16	35	118.75	42.7	166.9
Percentage	6	10.6		9.5	
Ratio homosexual gonorrhoea to homosexual non-venereal disease	0.9 : 1	1.25 : 1		1.2 : 1	

Occupation

Unfortunately there are no detailed figures for occupations in 1945, but the armed forces and munition factories would more than vitiate a comparison. However, we should notice that the contribution to total male registrations by the professional classes and students combined has risen from 14 to 20 per cent. (students 5 to 8 per cent.) between 1966 and 1970. It is good that they should seek our services; it is sad that they should need to—for they as a group are the very people to whom society should look for responsible example.

Meeting places

Finally, we should consider the meeting places of our male patients and their contacts and the places of exposure (Tables VII and VIII). A comparative survey of the meeting places of patients and their source contacts shows a drop in the role of the public house from 62 to 47 per cent., nor does the once smoky railway station (from 10 to 1 per cent.) retain its allurements, but the street (13 to 12 per cent.) is as popular as ever despite the Street Offences Act. Night clubs, friends' houses, and parties more than make up for the deficiencies of the old haunts, and this points to the fact that sexual satisfaction for men and emancipation for women is an affair of amateurs. The prostitute is in relative decline.

TABLE VII *Meeting places of patients and contacts (per cent.)*

Year	Pre 1945	1970
Public house	62	47
Station	10	1
Street	13	12
Night club	—	10
Friend's house	2	10
Dance hall and cafe	9	10
Others	4	10

TABLE VIII *Mating places of patients and contacts (per cent.)*

Year	1945	1970
Private houses, etc.	32.0	62.0
Brothels	26.0	0.2
Out of doors	16.0	29.2
Ships, hotels, public houses	5.0	8.4
Did not know	21.0	—
Refused to say	—	0.2

All these facts are just as clear when we consider the places where intercourse took place. Private houses have increased their contribution from 32 to 62 per cent. Brothels have dropped from 26 to 0.2 per cent.—it being noted that 25 years ago most organized prostitutes preyed upon their quarry in public houses, street corners, or railway stations. Since the end of petrol rationing and with the great increase

in the number of cars and their mobility—coitus 'al fresco' has increased from 16 to 29 per cent. Ships, hotels, and public houses continue to contribute less than 10 per cent. The 'Do Not Knows' of 1945 might be attributed to a refusal to divulge the information or to ignorance due to the black out, either that statutorily enforced before V.E. day or that alcoholically induced after!

In short, anyone who visited this planet every 25 years might see no change in our sexual mores. Compared with the early 1950s, when it was widely believed that the Venereal Diseases had been contained, the change has been immense. For a moral decline such as is normally associated with war to be repeated in so-called peace, there must surely be an aetiological factor of portentously greater significance, for today we have no excuse, nor do we know whither we sail. Unless we take fresh bearings and re-set our compasses it would appear we are bound for barbarism and decadence.

Summary

The Tyneside Scheme for Venereal Disease Control, inaugurated in 1943, had a threefold purpose: education, antenatal serological testing, and contact tracing.

Interviewing patients and visiting contacts revealed the medico-social background of the Venereal Diseases.

Changes in this background are recorded in Tables comparing figures from Newcastle upon Tyne for 1945 and 1970, set against the sexual scene during war and peace.

In war a feeling of impending dissolution is offset by a sense of purpose; the former coupled with migration of armies was a social aphrodisiac; the latter made such heavy physical, mental, and emotional demands that the relaxation of sexual standards appeared justifiable.

In the uneasy peace of the 1960s many inhibitions were shed; with enlightenment came the emancipation of females and the confusion of liberty with sexual licence. Peace-time migration has had a modest effect on the increase in venereal disease, but the mass media and advertising have had a profound effect on the sexual mores of most classes, especially the young.

The figures show fewer total registrations and gonorrhoea cases in Newcastle in 1970 than in 1945, suggesting less promiscuity. Amongst females with gonorrhoea there were 9 per cent. fewer who were married (41 to 32 per cent.) and the percentage of married female source contacts fell from 74 to 21 per cent., indicating fewer hasty marriages and less loneliness today. Female monogamy depends upon the availability of the husbands.

Prostitution now contributes less to male gonorrhoea infections (40 to 17 per cent.) and teenagers are more involved in female infections (11 to 30 per cent.).

Male homosexual registrations increased by 83.7 per cent. and homosexual gonorrhoea cases by 118.75 per cent. in 1967 over the average during the previous 3 years, a phenomenon not unconnected with law reform.

The intelligentsia are more involved (14 to 20 per cent.).

Source contacts are met less in public houses and at the railway station, more in private houses, 'clubs', etc. Prostitutes are still on the streets.

A steady degeneration in sexual morality in peace would appear more ominous than in war.

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Modifications des aspects des maladies vénériennes dans la vallée de la Tyne pendant un quart de siècle

SOMMAIRE

Le dispositif utilisé pour la lutte contre les maladies vénériennes dans la vallée de la Tyne (1943) avait un triple objectif: éducation, examens sérologiques prénataux et recherche des contacts.

L'interrogatoire des malades et la visite des contacts a mis en évidence le fond médico-social des maladies vénériennes. Les modifications de ce fond, rapportées dans les tableaux qui comparent les chiffres de Newcastle upon Tyne en 1945 et 1970, opposent les aspects de la sexualité pendant la guerre et la paix.

Pendant la guerre, un sentiment de dissolution est

compensé par une prise de conscience du but poursuivi; le premier, associé au déplacement des armées, fut un aphrodisiaque social; la seconde provoquait des charges physiques, mentales et émotives tellement lourdes qu'elle semble expliquer l'affaiblissement des habitudes sexuelles.

Dans la paix inquiète des années 60, beaucoup d'inhibitions cessèrent; avec le soulagement vint l'émancipation des femmes et la liberté se confondit avec la licence sexuelle. L'émigration du temps de paix a eu un effet modeste sur l'augmentation des maladies vénériennes, mais les mass media et la publicité ont eu un effet profond sur les mœurs sexuelles de la plupart des classes, spécialement dans la jeunesse.

Les chiffres montrent un total d'inscription de malades plus faible et un plus petit nombre de gonococcie à Newcastle en 1970 qu'en 1945, laissant penser à une promiscuité moindre. Parmi les femmes atteintes de gonococcie, il y en eut 9 pour cent de moins qui étaient mariées (32 pour cent au lieu de 41 pour cent) et le pourcentage de femmes mariées désignées comme contact tomba de 74 à 20 pour cent, ceci signifiant pour l'heure actuelle moins de mariages hâtifs et moins d'isolement. La monogamie pour la femme dépend de la disponibilité du mari.

Maintenant, le rôle de la prostitution est moindre dans la gonococcie masculine (17 pour cent au lieu de 40 pour cent) et les moins de vingt ans sont davantage impliqués dans les infections féminines (30 pour cent au lieu de 11 pour cent).

Pour les homosexuels masculins, en 1967 et par rapport à la moyenne des trois années précédentes, les inscriptions ont augmenté de quelques 83,7 pour cent et les cas de gonococcie de quelques 118,75 pour cent, phénomène qui n'est pas sans relation avec la réforme de la loi.

L' 'intelligentsia' est davantage impliquée (20 pour cent au lieu de 14 pour cent).

Les partenaires sexuels se rencontrent moins dans les cafés et dans les gares, davantage dans les maisons privées, les clubs, etc. Les prostituées sont toujours dans les rues.

Une dégradation continue de la moralité sexuelle apparaît ainsi plus inquiétante pendant la paix que pendant la guerre.